

EXHIBIT I

January 08, 2001

Attorney Daniel Dowcett
148 State Street
Boston, MA 02109

Final Report

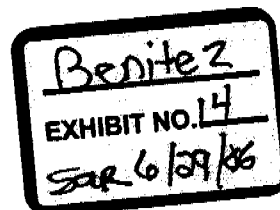
RE: Flavia Benitez
DOI: October 14, 2000

HISTORY: Flavia Benitez first entered this office on October 18, 2000 complaining of injuries sustained in a motor vehicle accident on October 14, 2000. Ms. Benitez stated that she was the restrained driver of the automobile she was driving in, when the car was struck from behind. Ms. Benitez was seen at the Brigham Women's Hospital where she was examined, prescribed medication and released.

CHIEF COMPLAINTS: Upon entering this office on October 18, 2000, Ms. Benitez chief complaints included neck pain, middle back and lower back pain. Her lower back pain was moderate and described as achy in character. Her neck pain was sharp and based in the lower cervical spine. Her middle thoracic spine and was described as burning in character.

INITIAL LUMBAR EXAMINATION: Ms. Benitez was initially examined at this office on October 18, 2000 with the following findings: Palpation of Ms. Benitez's lumbar spine revealed a mild degree of spasm bilaterally from the 2nd to the 5th lumbar levels with associated tenderness to palpation. Dorso-lumbar ranges of motion were restricted to 60 degrees in flexion (normal is 90 degrees), 20 degrees in extension (normal is 30 degrees), 30 degrees in left rotation, 10 degrees in right rotation (normal is 30 degrees), 20 degrees in left lateral flexion and 10 degrees in right lateral flexion (normal is 20 degrees), with Ms. Benitez complaining of increased lower back pain when moving through these ranges of motion actively. A positive bilateral Kemp's test, a positive bilateral Ely's test and a positive left Fabre test was elicited at this time. All lower extremity deep tendon reflexes were equal and brisk at 2+. There were no sensory or motor deficits associated with the lower limbs at this time.

INITIAL LUMBAR DIAGNOSIS: Based on this portion of the examination, Ms. Benitez was diagnosed with an acute, traumatic, moderate lumbar strain/sprain attendant with myospasm.



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INITIAL CERVICAL EXAMINATION: Palpation of Ms. Benitez' cervical spine revealed a moderate degree of spasm involving both the left/right trapezius and rhomboid musculature, and a moderate degree of spasm associated with the bilateral lower paracervical musculature. Cervical ranges of motion were restricted to 40 degrees in flexion (normal is 60 degrees), 30 degrees in extension (normal is 50 degrees), 30 degrees in left lateral bending and 30 right lateral bending (normal is 40 degrees), 80 degrees in left rotation (normal is 80 degrees), 60 degrees in right rotation (normal is 80 degrees), with Ms. Benitez complaining of increased bilateral neck pain when moving through these restricted ranges of motion actively. A positive bilateral Foraminal compression test, a positive Soto-Hall test, and a positive bilateral shoulder distractor test were elicited at this time. All upper extremity deep tendon reflexes were equal and brisk at 2+. There were no sensory or motor deficits associated with the upper limbs at the time of this examination.

INITIAL CERVICAL DIAGNOSIS: Based on this portion of the examination, Ms. Benitez was diagnosed with an acute, traumatic, moderate cervicodorsal strain/sprain attendant with myospasm.

CHIROPRACTIC TREATMENT: As a result of these initial findings, Ms. Benitez was placed on a program of care consisting of specific chiropractic adjustments and supportive physiotherapeutic modalities to help reduce pain, spasm and inflammation, and to help restore normal biomechanical function. Ms. Benitez was initially treated at a frequency of five times a week, with planned reduction of this frequency as her condition improved. The initial goals of treatment were to decrease pain and increase function, with the long-term goal being to return Ms. Benitez to a pre-injury state. Ms. Benitez was also given a home exercise regimen early in treatment to help increase the strength and flexibility of the cervical and lumbar spine.

Ms. Benitez continued treating at this office and was last seen for treatment on December 21, 2000. At that time, Ms. Benitez stated that her low back and neck injuries had resolved completely and her middle back injuries had resolved to approximately 95 percent of a pre-injury state, and she was only experiencing occasional mild middle back stiffness.

Based on this re-examination on December 21, 2000, Ms. Benitez was diagnosed with a lumbar and cervical strain/sprain, resolved, and a slowly resolving mild dorsal strain/sprain. Ms. Benitez was discharged from treatment at that time with instructions to contact this office if she experiences any increase in her symptom complex, or if she does not have complete resolution of her dorsal injuries over the two to three month period following her discharge.

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PROGNOSIS: The outlook for a complete recovery for Ms. Benitez is good at this time. It would be my opinion that Ms. Benitez' slowly resolving dorsal injuries have the potential to progress along a chronic course over the two to three month period following her discharge, at which time Ms. Benitez may be subject to acute flare-ups, which may or may not be directly related to her daily activities, requiring conservative treatment at those times.

DISABILITY: Ms. Benitez was partially disabled from October 14, 2000 through December 21, 2000. I would expect that this period of partial disability should have the opportunity to conclude over the two or three month period following discharge, barring any complication.

Based on the patient's history, subjective complaints and objective data, it would be my opinion that a causal relationship exists between Ms. Benitez' injuries and her motor vehicle accident of October 14, 2000.

I hope this information is helpful to you. If any additional information is needed by your office regarding Ms. Flavia Benitez, please feel free to contact me.

" I certify that I am, and was, on December 21, 2000, a chiropractor licensed to practice in Massachusetts. This report and certification are signed under the pains and penalties of perjury. "

Sincerely,

Tammy M. Swift, D.C.

Date

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